



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

Rec'd: 10/22/14  
8x 3:00pm.

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers: from 9-3-14 to 10-22-14

1. Committee I.D. Number

150674

2. Committee Name

Friends of Brandon DeFrain

5. Committee's Mailing Address

314 Van Etten St.  
Pinconning, MI 48650

Area Code and Phone 989-415-9941

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

Same

Area Code and Phone \_\_\_\_\_

4. Candidate Last Name

First Name

M.I.

DeFrain

Brandon

J

4a. Office Sought Including District # or Community Served (If applicable)

Bay County Commissioner District 1

4b. County of Residence

6. Treasurer's Name & Residential Address

Chelsey DeFrain

Area Code & Phone 989-254-0782

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

9c. ☐ Annual Statement (\_\_\_\_\_) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

Date of Election, Convention or Caucus

11-4-2014

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper

Chelsey C. DeFrain

Signature

Date

10-22-14

Candidate Brandon J. DeFrain

Type or Print Name

Signature

Date

10-22-14



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150674

2. Committee Name Friends of Brandon DeFuria

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>1915.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>1915.00</u>	(18.) \$ <u>2697.80</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>1915.00</u>	(20.) \$ <u>2697.80</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>0</u>	(22.) \$ <u>0</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>892.23</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>369.08</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1261.31</u>	(23.) \$ <u>2016.70</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0</u>	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>27.41</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>1915.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1942.41</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1261.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>681.10</u>	*



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150674  
2. Committee Name Friends of Brandon DeFrain

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-2014</u> Name & Address: <u>Dan DeFrain</u> <u>2723 Midland Rd.</u> <u>Bay City, MI 48706</u>		\$ <u>25.00</u>	\$ <u>65.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-14</u> Name & Address: <u>Senator Mike Green</u> <u>PO Box 12021</u> <u>Lansing, MI 48901</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>State Senator</u> Employer <u>Michigan</u> Business Address <u>129 W. Allegan St. #805 Lansing Charter Township, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-14</u> Name & Address: <u>Vaughn Begick</u> <u>5353 Lorraine Ct.</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</u>	\$ <u>120.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>P.A.</u> Employer <u>Berner Medical</u> Business Address <u>1458 West Center Rd. Essexville, MI 48732</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-14</u> Name & Address: <u>Marlene Christoff - Sundberg</u> <u>609 N. Trumbull</u> <u>Bay City, MI 48708</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

350.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1915

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150674  
2. Committee Name Friends of Brandon DeFrain

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-14</u> Name & Address: <u>Gary Glenn</u> <u>3800 E. Monroe</u> <u>Midland, MI 48642</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-14</u> Name & Address: <u>Brian Horton</u> <u>1762 W. Beaver Rd</u> <u>Auburn, MI 48611</u>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-14</u> Name & Address: <u>June Schweitzer</u> <u>7280 Kilmanagh Rd.</u> <u>Pigeon, MI 48755</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9-24-14</u> Name & Address: <u>Michael Rivard</u> <u>840 N. Garfield Rd.</u> <u>Linwood, MI 48634</u>		\$ <u>25.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

115.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1915.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150674  
2. Committee Name Friends of Brandon Defrain

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Constitutional Enforcement PAC</u> <u>11455 Gardiner TR</u> <u>Roscommon, MI 48653</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>200.00</u>	\$ <u>200.00</u>
4. Date of Receipt <u>9-25-2014</u>		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2 Name & Address: <u>Randy Badgerow</u> <u>613 30th St.</u> <u>Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
4. Date of Receipt <u>9-24-2014</u>		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3 Name & Address: <u>Matthew Lance</u> <u>306 S. Johnson St.</u> <u>Bay City, MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
4. Date of Receipt <u>9-24-14</u>		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4 Name & Address: <u>Joseph Davis</u> <u>909 N. Wenona St.</u> <u>Bay City, MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Insurance Agent</u> Employer <u>DuRoi</u> Business Address <u>3741 E. Wilder Rd Bay City, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	\$ <u>125.00</u>
4. Date of Receipt <u>9-24-14</u>		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

300.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

1915.00

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150674  
2. Committee Name Friends of Brandon DeFrain

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-24-14</u>	
Name & Address: <u>Kellie Snyder</u> <u>1204 Elm</u> <u>Bay City, MI 48706</u>		\$ <u>30.00</u>	\$ <u>30.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-24-14</u>	
Name & Address: <u>Douglas Smith</u> <u>4313 Norway Lake Rd.</u> <u>Prescott, MI 48756</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-16-14</u>	
Name & Address: <u>Bay County Republican Party</u> <u>PO Box 426</u> <u>Bay City, MI 48707</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>9-5-14</u>	
Name & Address: <u>Brandon DeFrain</u> <u>314 Van Etten St.</u> <u>Pineau, MI 48650</u>		\$ <u>20.00</u>	\$ <u>82.80</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

1150.00  
1915.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150674  
2. Committee Name Friends of Brandon Debern

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>Old City Hall</u></p> <p>Address <u>814 Saginaw St.</u> <u>Bay City, MI 48708</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Fund Raiser</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/24/14</u> Date</p>	<p><u>\$ 89.62</u></p>
<p>Expenditure #2</p> <p>Name <u>Sawicki &amp; Son</u></p> <p>Address <u>1521 W. Lafayette Blvd</u> <u>Detroit, MI 48216</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Signs</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/3/14</u> Date</p>	<p><u>\$ 500.85</u></p>
<p>Expenditure #3</p> <p>Name <u>Facebook</u></p> <p>Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Advertisement</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>10/14/14</u> Date</p>	<p><u>\$ 251.32</u></p>
<p>Expenditure #4</p> <p>Name <u>Facebook</u></p> <p>Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94025</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Advertisement</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>9/29/14</u> Date</p>	<p><u>\$ 50.44</u></p>
<p>Expenditure #5</p> <p>Name</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: _____</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>_____ Date</p>	<p>\$ _____</p>

Subtotal this page

892.23

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

892.23

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150674

2. Committee Name Friends of Brian DeFazio

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>9-24-14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>14</u>	5. Type of Fund Raising Activity <u>Dinner</u>	6. Address and Name (if any) of the place where the activity was held. <u>Old City Hall</u> <u>Saghar Street</u> <u>Old City, MI 48208</u> <input type="checkbox"/> Private Residence
--	---	---	---

7. Total Contributions

1715.00

8. Other Receipts

\_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8)

1715.00

10. Total Cost of Event

89.62

(Total Cost includes In-Kind Contributions and All Expenditures Made for the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)

Contribution Split  
(%)

Expenditure Split  
(%)

\_\_\_\_\_  
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- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.